

GENERAL AVIATION REPORT



Email: {KDEnforce@revenue.ie} Fax; 00353 51 862885

In the event that the GAR form is <u>faxed</u> it must be accompanied by a phone call to Customs on Mob; 00353 87 8061726

AIRCRAFT D	ETAILS (BLOCK	(CAPITALS)						
Registration:		Type:		Based A	At:	Crew Phone Co	ontact in	ı Eire:
Owner/Operator	(Not Pilot):							
Is this aircraft be	eing imported into I	reland?	Yes No No					
		Y	Yes No No					
FLIGHT DET	AILS							
Arrival				Departure	Reason for Visit to EU (including Eire):			
From:	om: To:		From:	To	:			
_Date: _	e: _ Time:_		_Date: _	_Time:_				
PILOT IN CO	MMAND							
Full	Name	Date of Birth	Nationality	Passport Number	Home Address /A	Address while visiting Eire	In	Out
CDEW/DACCI	NCED DETAIL	<u> </u>						
	ENGER DETAIL		NT - 41 114	D. ANI I	TT A 11 //		т.	0.4
rull	Name	Date of Birth	Nationality	Passport Number	Home Address /A	Address while visiting Eire	In	Out
						ircraft directly to a destination outside	the Rep	ublic of
Ireland. I understand t	that there are severe pena	alties for claiming exer	mption from paym	ent of excise duty by makin	g a false declaration			
Type of Fuel				Ouantity of Fuel		•••••		
				· ·				
This informati	on is to the best o	f my knowledg	ge true and a	accurate.				
		· C	_					
Signature of Pilot in Command:				Date:				